Nursing Facility Post Eligibility Treatment of Income

Colorado Medical Assistance Program

August 2015

Susan Love Rates & Operations Specialist



Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources

General Overview

"Post Eligibility Treatment of Income (PETI)" is the amount of an individual's income that must be paid to the nursing facility for the cost of care provided to the individual after certain deductions have been applied.

Federally mandated that this income may be used for an incurred medical expense not covered by Medicaid or other third party insurance.

Types of incurred medical expenses include health insurance premiums, hearing aids, dental and eye glasses.

Reasonable Limits

The State Plan Amendment Supplement 3 to Attachment 2.6-A imposes the following reasonable limits:

- Prior authorization for all expenses exceeding \$400/calendar year
- Verification of medical necessity required by physician
- Validation expense is not a benefit of Colorado Medicaid
- Allowable cost does not exceed the basic Medicaid rate
- Cost will not be allowed for items for cosmetic reasons only
- Expenses are not a duplication of expenses previously authorized

Eligibility Criteria

- Active Medicaid Client
- Nursing Facility Resident
- Monthly Patient Payment
- Documented Medical Necessity
- Potential Payer Sources Exhausted

Prior Authorization

- Expenses exceeding \$400 per year
- All health insurance premiums
- MP Manually Priced services
 - Eyeglasses
- Services not listed on PETI fee schedule
- Hospice resident requests

Activity Log

The nursing facility will document all of the resident's use of PETI funds on an annual basis.

10 CCR 2505-10, Section 8.482.33 states:

 All allowable costs must be documented in the resident's record with date of purchase and receipt of payment, whether or not these costs meet the requirements for prior authorization. Lack of documentation shall cause the cost to be disallowed, causing the nursing facility to be overpaid by the Medicaid program.

		ACTIVITY LOG FACILITY NAME PROVIDER ID #					
RESIDENT NAME STATE ID #				-			
structions: For the resident listed above All documentation supportin		or all incurred medical expenses de ted below should be retained for			d each year.		
Adult Dental -\$1,000 m	naximum per year Amount Billed	Brief description of service	performed		d	1	
1			periorine]	$\sim l l n$	1)	
3				1	71/2		
4			(())	2		
5			<u>(</u>				
Total	\$		OFF				
Other services -\$400 m	naximum per year		1/2		Check wi	nich applies	
Date of Service	Amount	Brief description of the	performed	Vision	Hearing	Health Ins	Other
6		TIME TO THE PARTY OF THE PARTY					
7							-
9		180					
10							

Total \$ -

Created May 2014

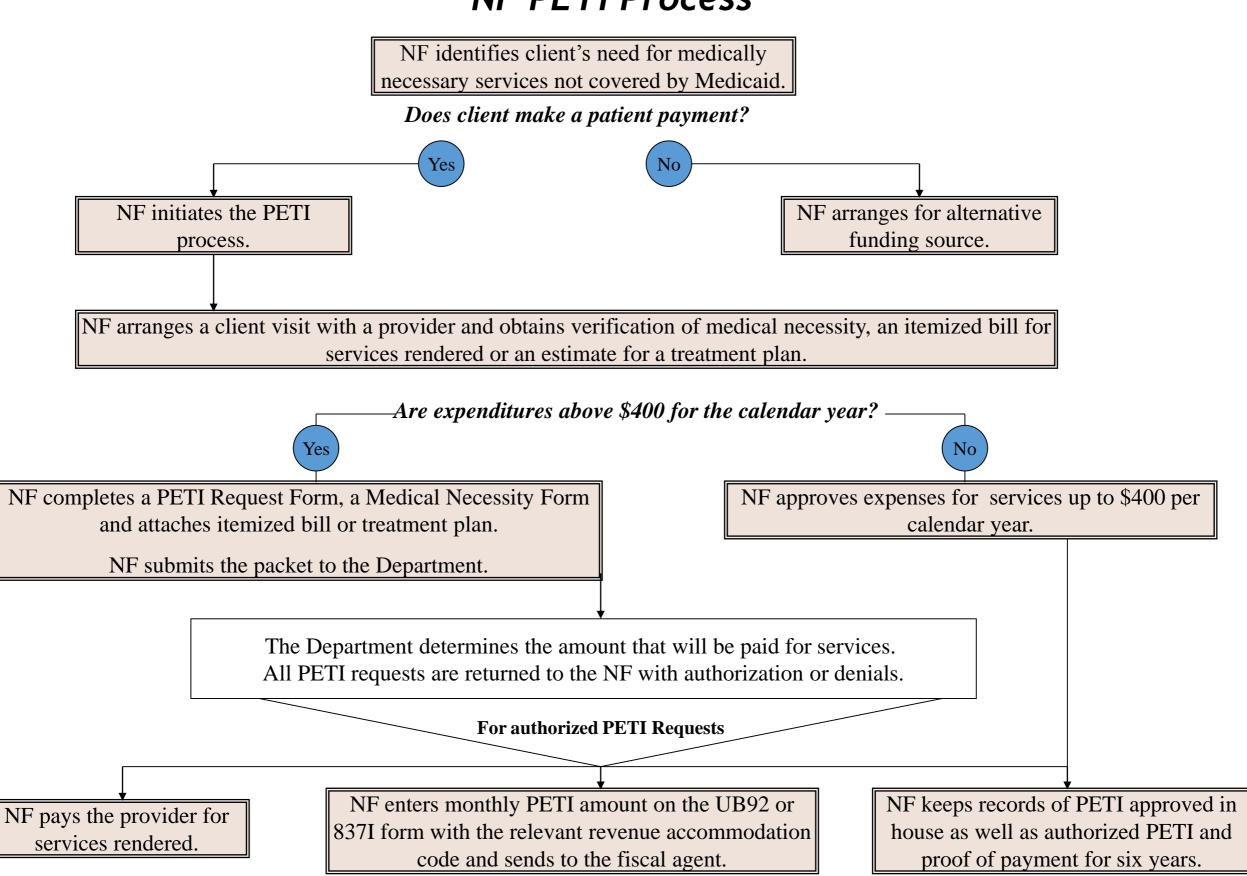


If there is no patient liability amount (patient payment)

There is no PETI



Post Eligibility Treatment of Income NF PETI Process



NF PETI Determination

- Approval of full amount
- Amended amount based on NF PETI fee schedule
- Request for more information
- Denial of NF PETI request

NF PETI Requests

- Hearing services
- Vision
- Health insurance premiums
- Dental
- Other incurred medical expenses that are not a benefit of Colorado Medicaid

NF PETI - Hearing

- NF PETI Request form
- Signed Medical Necessity form
- Itemized invoice
- Warranty information 2-yr required
- Audiogram
- Documentation attesting to client's desire / cognitive ability to wear and benefit from hearing aids

NF PETI - Vision

- NF PETI Request form
- Signed Medical Necessity form
- Itemized invoice

All vision PETIs do need to be submitted to the Department for approval

NF PETI - Health Insurance

- NF PETI Request form
- Signed Medical Necessity form
- Verification of premium amount
- Insurance card front and back
- New request each calendar year

NF PETI - Dental

- NF PETI Request form
- Signed Medical Necessity form
- Itemized Invoice
- Denial from Medicaid if applicable
- Explanation of benefits from Optum if applicable
- Documentation if 2nd request

New Adult Medicaid Dental Benefit

- Historically, Medicaid has not covered dental services for adults and PETI has been utilized by many clients in nursing facilities in order to obtain oral health services.
- Lack of preventive dental coverage can contribute to a range of serious health complications and drives Medicaid costs for both emergency services and medical services.



Adult Medicaid Dental - continued

In 2013, the state legislature passed Senate Bill 242

- Authorizes the Department to create a new limited dental benefit for adults in Medicaid.
- Provide all Medicaid enrolled adults age 21 years and over, including clients using the PETI program
- Annual dental benefit up to \$1,000 in dental services per state fiscal year which runs from July 1 June 30.

What is Covered

Dental Benefit Type	Phase 1: April 1 st 2014 Coverage	Phase 2: July 1 st , 2014 Coverage
Basic Dental Preventive		
Diagnostic and minor restorative dental services (such as x-rays and minor fillings)		
Root Canals		
Crowns		
Partial Dentures		
Complete Dentures		
Periodontal Scaling		
Root Planning		

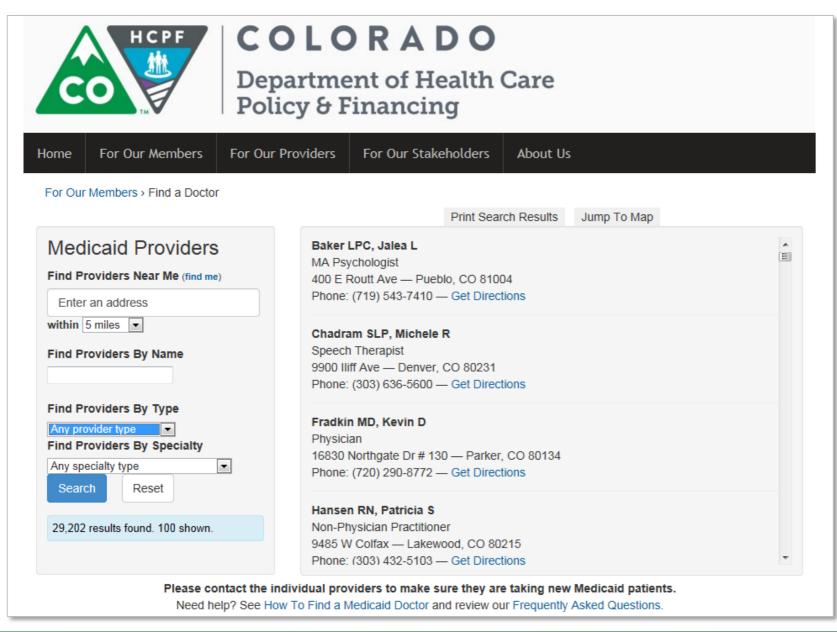
Adult Dental Benefit - continued

The dental provider must be enrolled in Medicaid

- This enables the dental provider to bill directly to Medicaid for reimbursement of services.
- Encourage the dental providers you work with to enroll in Medicaid
- Once the resident's \$1,000 benefit has been exhausted, then for those PETI eligible residents a PETI request can be submitted to the Dept. for additional services.
- The \$1,000 benefit for each resident will **also** be tracked by our Administrative Service Organization (ASO). The ASO duties will include outreach, recruitment, and assisting residents in finding a Medicaid provider.

Where to find a Medicaid Dental Provider

www.Colorado.gov/hcpf



Click on Find Doctors

Where to find the PETI Fee Schedule

- Click: For Our Providers
- Click: Provider Services (training & more)
- Click: Rates & Fee Schedules





Where to find NF PETI forms



- Click: For Our Providers
- Click: Provider Services (training & more)
- Click: Forms



- Medical Necessity Certification Form Dental Services Criteria
- Medical Necessity Certification Form Eyeglasses (Corrective Lenses) Criteria
- Medical Necessity Certification Form Health Insurance Premiums, Deductibles, or Coinsurance Medical
 Criteria
- Medical Necessity Certification Form Hearing Aid and Other Audiology Criteria
- Nursing Facility PETI Program Request Form
- Nursing Facility PETI Program Appeal Information

Rule Reference

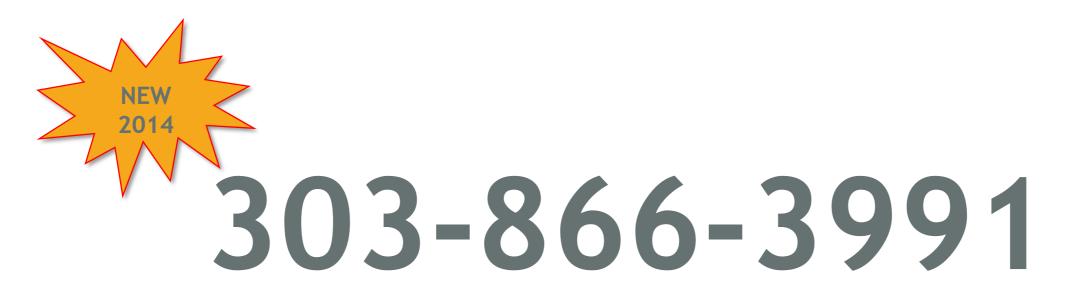
Code of Colorado Regulations

PETI Rule: 10 CCR 2505-10, Section 8.482.33



NF PETI Submission Process

Fax completed NF PETI requests to the Dept. PETI fax line:



Questions?



Contacts

Susan Love

Rates & Operations Specialist

Department of Health Care Policy & Financing

susan.love@state.co.us

303-866-4158